

DRUG MATRIX FORM

GENERAL PROCEDURES

The Drug Matrix Form is completed for each client admitted or readmitted into a treatment program with the intention of documenting specific drugs of choice, frequency of use, age of first use and route of administration.

This form is to be completed in conjunction with the Diagnosis Form or the Discharge Form.

DRUG MATRIX DATA

NAME: Enter the client's name. Always use the client's given name. For example, if the client's name is "Robert" use "*Robert*", not "Bob".

ACCOUNT NUMBER: This is a system generated number that will be put on the form after the client information and client admission data has been input and saved.

PROGRAM #: Three-digit identifier assigned to your facility by AMDD. See code list in Appendix A (Section 25) for a complete list of valid values.

FACILITY NUMBER: Three-digit number assigned to all facilities connected to a program, including the main facility. These numbers are assigned by provider staff.

DRUG MATRIX TYPE: Mark one of the following values to indicate the interview type:

- Admission
- Discharge

PRIMARY, SECONDARY, TERTIARY DRUG MATRIX

The following information is on Primary, Secondary and Tertiary Drug of Choice of the Drug Matrix form. All rules apply to each of these categories.

DRUG OF CHOICE: Based on the client's *self reported preference*, enter one of the following values to indicate the substance of choice. The primary drug is a required field. **If you use value "*Other Drug*", you must specify the drug in the Drug Details field.**

Drugs are coded differently in SAMS than they were in ADIS. In addition to the major drug categories, the drug details are now listed on the drug list. **"None" is only valid for Secondary and Tertiary drug.**

- Aerosols
- Alcohol
- Amphetamine
- Anesthetics
- Ativan (Lorazepam)
- Clonazepam (Klonopin, Rivotril)
- Cocaine / Crack
- Codeine
- Dalmane (Flurazepam)
- Darvon (D-Propoxyphene)

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- Demerol (Meperidine)
- Dilantin (Diphenylhydantoin Sodium)
- Dilaudid (Hydromorphone)
- Diphenhydramine
- Doriden (Glutethimide)
- GHB / GBL
- Halcion (Triazolam)
- Heroin / Morphine
- Ketamine (Special K)
- Librium (Chlordiazepoxide)
- LSD
- Marijuana / Hashish (Including THC and any other cannabis sativa preparations.)
- MDMA, Ecstasy
- Methamphetamine / Speed
- Methaqualone
- Miltown (Meprobamate)
- Nitrites
- Non-Prescription Methadone
- Other Amphetamines
- Other Barbiturate Sedatives
- Other Benzodiazepines
- Other Cocaine
- Other Drug (*must specify*)
- Other Hallucinogens
- Other Inhalants
- Other Non-Barbiturate Sedatives
- Other Opiates or Synthetics
- Other Over-The-Counter
- Other Sedatives
- Other Stimulants
- Other Tranquilizers
- Oxycodone / Oxycontin
- PCP or PCP Combination
- Phenobarbital
- Placidyl (Ethchlorvynal)
- Ritalin (Methylphenidate)
- Rohypnol (Flunitrazepam)
- Seconal (Secobarbital)
- Solvents
- Talwin (Pentazocine)
- Tranxene (Clorazepate)
- Tuinal (Secobarbital / Amobarbital)
- Ultram (Tramadol)
- Valium (Diazepam)
- Vicodin (Hydrocodone)
- Xanax (Alprazolam)

DRUG DETAILS: Enter any additional specifics about the primary drug. This is also the place where you need to provide the specific drug if you have selected “Other Drug” from the drug list.

FREQUENCY OF DRUG USE DURING PREVIOUS MONTH: Using the values listed below, mark the client’s frequency of drug use during the 30 days prior to interview.

- No use during month prior to interview.
- 1-3 times in the past month.
- 1-2 times per week.
- 3-6 times per week.
- Daily

AGE OF FIRST USE: Enter the age (in years) that the client first used the drug. **For alcohol, record the age of first intoxication.** If client is not sure, record his/her best estimate. Enter the age with two digits (9 years = “09”). Use a value of “01” to indicate a newborn with a substance dependency problem.

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USUAL ROUTE OF ADMINISTRATION: Using values listed below, mark the usual way the client administers the drug.

- Oral
- Smoking
- Inhalation
- Injection (IV or intramuscular)
- Other (specify)

DRUG ADMINISTRATION DETAILS: Enter any additional specifics about the drug route of administration. This is also the place where you need to provide the specific drug if you have selected “Other” from the Usual Route of Administration.